

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOPATCONG CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865</b>	
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 10/29/19  CENSUS: 130 + 2 Bedholds  SAMPLE SIZE: 26 + 3 Closed records  The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to maintain the [REDACTED] in a sanitary manner for 2 of 4 residents (Resident #2 and Resident #45) reviewed for [REDACTED]  This deficient practice was evidenced by the following:  1. On 10/21/19 at 10:00 AM, during the initial tour in Resident #2's room, the surveyor observed the [REDACTED] connected to the [REDACTED] uncovered, lying directly on the bedside table next	F 695	HOW ANY CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE:  The Unit Manager did replace the [REDACTED] and placed it in the storage bag for resident #2 on [REDACTED] when she accompanied the surveyor to this resident's room and saw that the [REDACTED] was not stored properly.  Resident #2's [REDACTED] equipment ([REDACTED]) will be	12/6/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/15/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 695	<p>Continued From page 1</p> <p>to the [REDACTED]. The [REDACTED] was not in use and was not stored in a bag. A [REDACTED] attached to [REDACTED] was directly touching the floor. Resident #2 was not in the room during the initial tour.</p> <p>On 10/23/19 at 9:50 AM, Resident #2 was observed in the bathroom with the Certified Nurse Assistant. The [REDACTED] was placed directly on the bed, uncovered, while not in use.</p> <p>On 10/24/19 at 9:45 AM, Resident #2 was not in the room. The [REDACTED] with the [REDACTED] attached was observed hanging by the [REDACTED], uncovered, and not stored in a bag while not in use.</p> <p>2. On 10/21/19 at 10:10 AM, during the initial tour while in Resident #45's room, the surveyor observed the [REDACTED] uncovered and lying directly on the bedside table next to the [REDACTED]. The [REDACTED] was not in use and was not stored in a bag.</p> <p>On 10/24/19 at 10:08 AM, Resident #45 was observed in the wheelchair with their eyes closed. The surveyor found the [REDACTED] placed on the bedside table uncovered next to the [REDACTED] not in use.</p> <p>The surveyor interviewed the nurse assigned to the resident, who stated that if the [REDACTED] and [REDACTED] is not in use, the [REDACTED] is supposed to be stored in a bag. The Unit Manager (UM) accompanied the surveyor to the rooms of Resident #2 and Resident #45. The UM agreed that the [REDACTED] and [REDACTED] should have each been stored in bags when not in use.</p>	F 695	<p>stored in a sanitary manner in the bag provided in assigned room.</p> <p>Resident #45 has expired</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>All residents who utilize [REDACTED] and or receive [REDACTED] treatments have the potential to be affected by this same deficient practice. These residents were identified by audit and will be reassessed to ensure that they have bags in their room for their [REDACTED] to be stored in a sanitary manner when not in use.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMATIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</p> <p>Root Cause Analysis was used to determine why the deficient practice occurred. This deficient practice occurred due to a knowledge deficit by the nursing staff to store [REDACTED] in a sanitary manner. Nursing staff will be re-educated on Policy and Procedure re: the sanitary storage of [REDACTED] [REDACTED] need to be stored in [REDACTED] bags when not in use.</p>

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F 695	Continued From page 2  The surveyor reviewed the facility's Policy and Procedure titled, "██████████ #16. Date and store in treatment bag when not in use."  NJAC 8:39-19.4(a)(k)	F 695	HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR:  Random weekly audits will be completed by Nursing management to ensure that residents who use ██████████ and or ██████████ treatments have their ██████████ equipment stored in a sanitary manner when not in use. Results of these audits will be discussed in monthly QAPI until the committee determines that the problem is resolved.		
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5)  §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.  §483.55(b) Nursing Facilities. The facility-  §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;  §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;	F 791		12/6/19	

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F 791	<p>Continued From page 3</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide the necessary annual dental care services in a timely manner for 3 of 28 residents, Resident #89, #18 and #115 reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 10/22/19 at 9:45 AM, the surveyor observed Resident #89 in the resident's room, lying in bed. Resident #89 had an [REDACTED] on the left side of the bed with a hanging bottle of [REDACTED] (a [REDACTED]), that the resident was not receiving at the time of the observation. The surveyor interviewed Resident</p>	F 791	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Residents # 18, 89 and 115 were seen by the dentist on [REDACTED]. These residents will be seen by the dentist annually and as recommended by the dentist.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p>		

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F 791	<p>Continued From page 4</p> <p>#89, who stated that he/she was [REDACTED] a [REDACTED], which is usually stopped from 9:00 AM to 12:00 AM.</p> <p>The surveyor reviewed the Admission Record Facesheet (one-page summary of important information about a resident) (ARF) for Resident #89. The ARF reflected that Resident #89 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] and [REDACTED] from an acute care hospital with the following diagnoses: [REDACTED]</p> <p>The surveyor reviewed Resident #89's Annual Minimum Data Set (MDS), a standardized assessment tool that measures health status, dated [REDACTED]. The MDS reflected that Resident #89 was [REDACTED] intact, however, required extensive assist of one staff member with Activities of Daily Living (ADL).</p> <p>On 10/24/19 at 11:10 AM, the surveyor reviewed the consult section of the resident's medical chart. The surveyor could not find any dental records that identified that Resident #89 was scheduled for or had a dental exam.</p> <p>On 10/24/19 at noon, the surveyor interviewed Resident #89, who stated that he/she had asked the nursing staff to see a dentist in the past, but it was never followed up with a dental appointment.</p> <p>On 10/24/19 at 12:15 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) taking care of Resident #89. The LPN stated that there is no facility dentist at this time. The LPN</p>	F 791	<p>All long term residents have the potential to be affected by the same deficient practice. A chart audit was completed of all long term residents to determine when they had their last dental exam. The Dentist is scheduled to return to the Center two more times in November to ensure that long term residents have their annual dental exams.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMATIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>ROOT cause analysis of this deficient practice was completed and it was determined that the Center did not have an effective process in place for tracking annual dental exams for the long term residents. A spread sheet will be developed to track the dates of annual dental exams for long term residents. This spread sheet will also be used to develop a list of residents who need to be seen on the next scheduled dental visit.</p> <p>Inservicing of this new process will be provided to nursing and social services so that the spread sheet is completed and maintained so that all long term residents are provided with annual dental care services.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE MEASURES TO ENSURE THAT THE DEFICIENT</p>		

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F 791	<p>Continued From page 5</p> <p>said that residents are taken out to the dentist when they have issues. The LPN informed the surveyor that Resident #89 did not have an annual dental exam.</p> <p>2. On 10/21/19 at 11:45 AM, the surveyor observed Resident #18 ambulating with a walker in the hallway to the dining room.</p> <p>The surveyor reviewed the ARF for Resident #18. The ARF documented that Resident #18 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included [REDACTED]</p> <p>The surveyor reviewed Resident #18's Annual MDS dated [REDACTED]. The MDS reflected that Resident #18 was assessed as [REDACTED] impaired.</p> <p>On 10/23/19 at 11:05 AM, the surveyor reviewed the consult section of the resident's medical record. The surveyor could not find any dental records that identified Resident #18 as having an annual dental exam.</p> <p>The surveyor was unable to interview Resident #18, as the resident was [REDACTED] impaired.</p> <p>On 10/28/19 at 11:14 AM, the surveyor interviewed the LPN who cared for Resident #18. The LPN stated that this resident had not had an annual dental exam.</p> <p>3. On 10/24/19 at 9:26 AM, the surveyor observed Resident #115 ambulating with a rolling walker in the hallway towards her/his room. The surveyor interviewed Resident #115, who was</p>	F 791	<p>PRACTICE IS BEING CORRECTED AND WILL NOT RECUR:</p> <p>Monthly audits of the spread sheet will be completed by Nursing administration or designee and results reviewed at the monthly QAPI meeting to ensure that long term residents are being seen timely until the committee determines that the problem is resolved</p>		

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F 791	<p>Continued From page 6</p> <p>observed not [REDACTED] and had many [REDACTED]. The resident informed the surveyor, "I don't like to wear [REDACTED] I had them before, I spit them out" and added, "I have no problem eating."</p> <p>On 10/24/19 at 12:47 PM, the surveyor reviewed Resident #115's ARF. The ARF reflected that Resident #115 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] from an acute care hospital with the following diagnoses: [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the resident's MDS dated [REDACTED], reflected that the resident was [REDACTED] and independent with ADLs.</p> <p>On 10/25/19 at 10:55 AM, the surveyor interviewed the resident who stated that they would want to see the dentist for an annual exam.</p> <p>On 10/28/19 at 11:30 AM, the surveyor reviewed the consult section of the resident's medical chart and noted that the last dental consult was [REDACTED]. The resident was not scheduled for any follow-up visit. There were no other dental records in the chart.</p> <p>On 10/29/19 at 10:30 AM, the surveyor reviewed the facility's Dental Services Policy with a revision date of 7/24/18, which presented: "Routine dental services means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings, (new and repairs), minor partial</p>	F 791			

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F 791	Continued From page 7 or full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g. taking impressions for dentures and fitting dentures."  On 10/25/19 at 10:30 AM, the surveyor team met with the Director of Nursing (DON), who agreed that the facility did not arrange for annual dental examinations in a timely manner.	F 791			
F 812 SS=D	NJAC 8:39-15.1(a) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to a.) clean and sanitize steam table pans in a	F 812		12/6/19	
			HOW ANY CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE DEFICIENT PRACTICE:		



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F 812	<p>Continued From page 8</p> <p>manner to prevent microbial growth; and b.) failed to maintain the kitchen environment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/21/19 at 09:24 AM, in the presence of the Account Manager (AM), the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. On a shelf in the dishwashing area, the surveyor observed stacked steam table pans. The AM stated that these are clean steam table pans. The surveyor observed one steam table pan with white particulates around the sides of the pan and three other steam table pans with plastic wrap adhered to sides of the pans.</li> <li>2. In the dry storage room, the surveyor observed a #10 sized can of vegetarian beans with three different dents located on the can. The surveyor found two ½ inch sized dents located on the upper lip of the can, and on the same can, the surveyor observed a 1 ½ inch dent on the body of the can.</li> <li>3. In the dry storage, the surveyor observed brown colored debris on top of five of nine spice top containers on the shelf. On another shelf in the dry storage room, the surveyor found 1/8 full container of low sodium soy sauce with a dried and sticky to the touch brown colored liquid downside of the bottle, and there was no visible date on the bottle as well. The surveyor also observed a 1/4 full gallon container of</li> </ol>	F 812	<p>One steamtable pan with white particles and three steamtable pans with plastic wrap were cleaned on 10/21/19. The #10 sized can of vegetarian beans with three dents was discarded on 10/21/19. The 5 spice containers with brown colored debris on their tops and the 1/8 full container of low sodium soy sauce with a dried and sticky to touch brown colored liquid on the side of the bottle and 1/4 full gallon container of Worcestershire sauce with open date of 10/23/18 were discarded on 10/21/19.</p> <p>HOW THE FACILITY WILL IDENTIFY RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>All residents have the potential to be affected by this deficient practice. All steamtable pans were inspected for cleanliness. All cans were inspected for dents. All containers in dry storage were checked for cleanliness.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMATIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>A root cause analysis of this deficient practice was completed and it was determined that there was a lack of dietary staff knowledge of sanitary food</p>	

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F 812	Continued From page 9 Worcestershire sauce with an open date of 10/23/18; the container was soiled with a dried and sticky to the touch brown colored liquid down the side of the bottle.  On 10/21/19 at 01:52 PM, the surveyor brought the above concerns to the attention of the Administrator and Director of Nursing.  NJAC 8:39-17.2(g)	F 812	procurement, storage, preparation and serving.  Dietary staff will be in-serviced on proper cleaning of pots and pans to ensure that no plastic or particulates on them. Dietary staff will be in-serviced on the Dented Can policy. Dietary staff will be in-serviced on proper dating of items in dry storage and checking all containers for cleanliness  HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR:  Sanitation Audits which will include inspection of the steamtable pans, dents on cans, cleanliness of containers and proper dating will be done weekly by the FSD/District Manager. Results will be reviewed at the monthly QAPI meeting to ensure that proper sanitation is maintained in the kitchen.	